PART B - FEE(S) TRANSMITTAL



. (NOA 3 0	2006	her with applicable	or <u>Fax</u>	Commissioner for P.O. Box 1450 Alexandria, Virg (571)-273-2885	or Patents ginia 22313-1450		
INSTRUCTIONS: This appropriate All further indicated unless parcect in white and in the second in th	form should be used a correspondence including the low or directed of the correspondence including the correspondence in the corresp	for transmitting the ISS ing the Patent, advance of the Patent, advance of the Patent, advance of the Patent, advance of the Patent in Block 1, by (UE FEE and PUBLIC orders and notification (a) specifying a new c	OATION FEE (if required of maintenance fees orrespondence address	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep-	hould be completed where correspondence address as arate "FEE ADDRESS" for	
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9255 SUNSET I SUITE 810	SOCIATES P.C. BOULEVARD	/2006		Ce I hereby certify that the States Postal Service addressed to the Ma transmitted to the USI	rtificate of Mailing or Trans his Fee(s) Transmittal is being with sufficient postage for fir il Stop ISSUE FEE address PTO (571) 273-2885, on the d	mission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.	
LOS ANGELES				Reena Kuyper		(Depositor's name)	
1/30/2006 FMETEKI2 00	000045 503102 09	727908		/Reena Kuyper/ (Signatur			
FC:1501 1400.0 FC:1504 300.0				November 25, 20	006	(Date)	
FO: 800 PPLICATION 16.0	O DA FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/727,908	11/30/2000	<u></u>	Scott Johnson		PALM-3216 . US .P	3695	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	JE FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/06/2006	
EXAM	INER	ART UNIT	CLASS-SUBCLASS		•	1213/2000	
SHERKAT, AREZOO 2131			726-029000				
1. Change of correspondence address or indication of "Fee Address" (37			T	he patent front page, li	st		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A					 		
PLEASE NOTE: Unle recordation as set forth	ess an assignee is identi n in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the T a substitute for filing	ne patent. If an assign an assignment.	nee is identified below, the do	ocument has been filed for	
(A) NAME OF ASSIC	GNEE		(B) RESIDENCE: (C	RESIDENCE: (CITY and STATE OR COUNTRY)			
PALMSOURCE	, INC.		Sunnyvale, C	California			
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	☐ Individual ☐ Co	orporation or other private gro	up entity Government	
4a. The following fee(s) a	re submitted:	41	o. Payment of Fee(s): (l	Please first reapply as	ny previously paid issue fee s	shown above)	
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			from anyone other the	an the applicant; a regi	stered attorney or agent; or th	e assignee or other party in	
			vv:	Nove	ember 25, 2006		
Authorized Signature	Typed or printed name Reena Kuyper						
•				Registration N			
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